



ALCOM LLC

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION _____ **DATE** _____

Name (Last Name First)			
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Phone No.	Secondary Phone	Referred By	

EMPLOYMENT DESIRED _____

Position		Date You Can Start		Salary Desired	
Are You Employed Now	<input type="checkbox"/> YES <input type="checkbox"/> NO	If So, May We Inquire Of Your Present Employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are You Legally Authorized to Work In The US?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ever Applied To This Company Before	<input type="checkbox"/> YES <input type="checkbox"/> NO	Where	When		

EDUCATION HISTORY _____

	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIES
High School				
College				
Trade, Business, Or Correspondence School				

GENERAL INFORMATION _____

Subject of Special Study/Research Work	
Special Training	
Special Skills	
U.S. Military Or Naval Service	Rank

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST) _____

From	
To	
From	
To	
From	
To	
From	
To	

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

“ I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date

Signature



APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: _____

HOME PHONE: _____ CELL PHONE: _____

CIRCLE DAYS AVAILABLE FOR ASSIGNMENTS: M TU W TH F SA SU

HOURS AVAILABLE TO WORK: _____

DO YOU HAVE RELIABLE TRANSPORTATION? YES _____ NO _____

HOW WERE YOU REFERRED TO ALCOM INC. _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES _____ NO _____

(NOTE: PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST 7 YEARS? YES _____ NO _____
(CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT).

IF SO, PLEASE EXPLAIN: _____



PLEASE CIRCLE POSITION AND TYPE OF INDUSTRY THAT YOU HAVE EXPERIENCE OR EDUCATION

ACCOUNTING/GENERAL OFFICE
WORKED IN

ACCOUNTANT
ACCOUNTS PAYABLE
ACCOUNTS RECEIVABLE
AUDITING
BANK RECONCILIATION
BENEFIT ADMINISTRATOR
BILLING
COLLECTIONS
CONTROLLER
CPA
CREDIT
FINANCIAL STATEMENTS
FULL CHARGE BOOKKEEPER
PAYROLL
STAFF ACCOUNTANT
TAX RETURNS
THIRD PARTY BILLING
ADMINISTRATIVE ASSISTANT
CUSTOMER SERVICE
DESKTOP PUBLISHING
FAX MACHINE
FILING
GRAPHIC DESIGN
OFFICE MANAGER
RECEPTIONIST
SECRETARY
SWITCHBOARD
TELEMARKETING
BANK TELLER

INDUSTRIAL

ASSEMBLY
CUSTODIAL
FORKLIFT
INSPECTION
INVENTORY
LANDSCAPING
LIFTING ____LBS
MACHINE OPERATOR
MAILROOM
PACKING
PAINTING
PICKING
RECEIVING
SHIPPING
STOCKING
WAREHOUSE
GROUND MAINT.

OTHER SKILLS NOT LISTED

TYPE OF INDUSTRY

AGRICULTURE
MEDICAL
LAW
PULP AND PAPER
NUCLEAR
RETAIL
WHOLESALE
EDUCATION
AUTOMOTIVE
ELECTRICAL
MANUFACTURING
PRINTING
SCIENTIFIC
REAL ESTATE
TRANSPORTATION
ELECTRONICS
ENGINEERING
HOTEL/MOTEL
SECURITY
TRAVEL
CONSTRUCTION
GOVERNMENT
INDUSTRIAL
INSURANCE
MILITARY
SOCIAL SERVICES
UTILITIES
COMPUTERS
OTHER:_____

LIST SOFTWARE USED: _____

USING A TAPE MEASURE, PLEASE WRITE DOWN WHAT EACH LINE MEASURES OUT TO.

